

Rivertown Orthopaedics, PLLC

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May 7, 2007

Stere Carniciu, M.D.
20 Beacon Hill Drive, Suite 2B
Dobbs Ferry, NY 10522

RE: Gomez, Mario

Dear Dr. Carniciu.

I had the pleasure of evaluating your patient, Mario Gomez, on May 7, 2007 for an orthopaedic surgery consultation.

HISTORY OF PRESENT ILLNESS: The patient is a 49-year-old male very well known by me, status post knee arthroscopy for meniscus tears. He had been doing well until he had an altercation on October 17, 2006, where he reportedly was in a fight with police officers, one of whom was dating his daughter. According to the patient, he said that he beat him up, someone stepped on his knee, he was on the ground, his leg swelled up, and he said that he had lot of other issues going on. He has not had a chance to have it checked out, but now he says that it is still bothering him a little bit. He said overall it is much improved. The swelling is better.

PMH/PSH/Meds/All/FH/ROS: Reviewed with the patient and documented in office chart.

PHYSICAL EXAMINATION: Physical exam reveals a well-developed, well-nourished male, alert and oriented x 3, with an appropriate affect, and normal gait. Respirations are unlabored. Lumbar spine is nontender. Hip range of motion is nontender. Knee range of motion is full and equal to the opposite side. He has well healed arthroscopic incisions. He has no discernible effusion. He has negative medial and lateral joint line tenderness. Negative Lachman, negative anterior drawer, negative pivot shift. No opening to varus or valgus stress at 0 and 30 degrees bilaterally. The right knee reveals positive patellofemoral apprehension sign. The left knee reveals negative patellofemoral apprehension sign. He has nontender pes bursa, nontender tibial tubercle. He has 2+ DP and PT pulses.

RADIOGRAPHY: X-rays of his right knee, AP, lateral, as well as bilateral AP standing view of the knees - No fractures or dislocations. No significant degenerative changes. No obvious bone or soft tissue lesions.

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IMPRESSION: Right knee patellofemoral chondromalacia, some element of patellar tendonitis as well.

PLAN: The patient is referred to therapy to work on range of motion strengthening exercises. I have recommended that he see a therapist twice a week and can do daily home exercises on the day he is not with the therapist and should he still be symptomatic in six weeks' time we will consider MRI and further workup of his pain.

Thank you for referring this patient to my care.

Sincerely yours,



Nicholas A. Bavaro, M.D.

NAB/gis/sal/jaw/0512/NAB10039